

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET
PG3694USWFirst Names Inventor:
Stanley BONNEY**Complete if known:**
App No.:

Filing Date

Group Art Unit:

- () Declaration submitted with initial filing or
() Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

MEDICAMENT CARRIER

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on 19 April 2000 as United States application Serial No. _____ or PCT InternationalApplication Number PCT/EP00/03518 filed and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35, U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1 9909357.7	GB	4/24/1999	X
2			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1.	
2.	
3.	
4.	

**COMBINED DECLARATION FOR UTILITY or DESIGN
PATENT APPLICATION WITH POWER OF ATTORNEY** ContinuedATTORNEY'S DOCKET NUMBER
PG3694USW

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
		PATENTED	PENDING	ABANDONED

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith. (List name and registration number)

David J. Levy Reg. No. 27,655
Charles E. Dadswell Reg. No. 35,851
Karen L. Prus Reg. No. 39,337
Robert H. Brink Reg. No. 36,094
Lorie Ann Morgan Reg. No. 38,181

James P. Riek Reg. No. 39,009
Virginia C. Bennett Reg. No. 37,092
Frank P. Grassler Reg. No. 31,164
Christopher P. Rogers Reg. No. 36,334

Bonnie L. Deppenbrock Reg. No. 28,209
John L. Lemanowicz Reg. No. 37,380
Amy H. Fix Reg. No. 42,616

Send Correspondence to:

David J. Levy, Patent Counsel
Corporate Intellectual Property Department
GlaxoSmithKline
Five Moore Drive, PO Box 13398
Research Triangle Park, NC 27709



23347

PATENT TRADEMARK OFFICE

Direct Telephone Calls to:

James P. Riek
919-483-8022

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

2 0 1	FULL NAME OF INVENTOR	FAMILY NAME BONNEY	FIRST GIVEN NAME Stanley	SECOND GIVEN NAME/INITIAL George
	INVENTOR'S SIGNATURE	Signature <input checked="" type="checkbox"/>		Date: <input checked="" type="checkbox"/>
	RESIDENCE & CITIZENSHIP	CITY Ware	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Durham	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME DAVIES	FIRST GIVEN NAME Michael	SECOND GIVEN NAME/INITIAL Birsha
	INVENTOR'S SIGNATURE	Signature <input checked="" type="checkbox"/>		Signature <input checked="" type="checkbox"/>
	RESIDENCE & CITIZENSHIP	CITY Ware	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
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2 0 3	FULL NAME OF INVENTOR	FAMILY NAME GODFREY	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL William
	INVENTOR'S SIGNATURE	Signature <input checked="" type="checkbox"/>		Date: <input checked="" type="checkbox"/>
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400	2	FULL NAME OF INVENTOR	FAMILY NAME HAGLUND	FIRST GIVEN NAME Sylvia	SECOND GIVEN NAME/INITIAL Maria
	0	INVENTOR'S SIGNATURE	Signature <i>Sylvia Haglund</i>		Date: 13 Dec 2001
		RESIDENCE & CITIZENSHIP	CITY Edinburgh	STATE OR FOREIGN COUNTRY GB GBN	COUNTRY OF CITIZENSHIP GB
	4	POST OFFICE ADDRESS	POST OFFICE ADDRESS 4F1 5 Montpelier	CITY Edinburgh	STATE & ZIP CODE/COUNTRY EN10 4LZ GB
	2	FULL NAME OF INVENTOR	FAMILY NAME RAND	FIRST GIVEN NAME Paul	SECOND GIVEN NAME/INITIAL Kenneth
	0	INVENTOR'S SIGNATURE	Signature		Date:
		RESIDENCE & CITIZENSHIP	CITY Ware	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	3	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Durham	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

DECLARATION FOR "371" APPLICATION

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
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Continued

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Christopher P. Rogers Reg. No. 36,334

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John L. Lemanowicz Reg. No. 37,380
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1002 0 1	FULL NAME OF INVENTOR	FAMILY NAME BONNEY	FIRST GIVEN NAME Stanley	SECOND GIVEN NAME/INITIAL George
	INVENTOR'S SIGNATURE	Signature X		Date: X 12th Dec. '01
	RESIDENCE & CITIZENSHIP	CITY Ware	STATE OR FOREIGN COUNTRY GB GBN	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive		CITY Durham STATE & ZIP CODE/COUNTRY North Carolina 27709, US
200 0 2	FULL NAME OF INVENTOR	FAMILY NAME DAVIES	FIRST GIVEN NAME Michael	SECOND GIVEN NAME/INITIAL Birsha
	INVENTOR'S SIGNATURE	Signature X		Date X 13th Dec 2001
	RESIDENCE & CITIZENSHIP	CITY Ware	STATE OR FOREIGN COUNTRY GB GBN	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive		CITY Durham STATE & ZIP CODE/COUNTRY North Carolina 27709, US
300 0 3	FULL NAME OF INVENTOR	FAMILY NAME GODFREY	FIRST GIVEN NAME James	SECOND GIVEN NAME/INITIAL William
	INVENTOR'S SIGNATURE	Signature X		Date X 19th Dec 2001
	RESIDENCE & CITIZENSHIP	CITY Ware	STATE OR FOREIGN COUNTRY GB GBN	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive		CITY Durham STATE & ZIP CODE/COUNTRY North Carolina 27709, US

DECLARATION FOR "371" APPLICATION

2 0 4	FULL NAME OF INVENTOR	FAMILY NAME HAGLUND	FIRST GIVEN NAME Sylvia	SECOND GIVEN NAME/INITIAL Maria
	INVENTOR'S SIGNATURE	Signature X		Date X
	RESIDENCE & CITIZENSHIP	CITY Edinburgh	STATE OR FOREIGN COUNTRY GB	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 4F1 5 Montpelier	CITY Edinburgh	STATE & ZIP CODE/COUNTRY EN10 4LZ GB
500 0 3	FULL NAME OF INVENTOR	FAMILY NAME RAND	FIRST GIVEN NAME Paul	SECOND GIVEN NAME/INITIAL Kenneth
	INVENTOR'S SIGNATURE	Signature X <i>Paul Kenneth Rand</i>		Date X <i>20th Dec 2001</i>
	RESIDENCE & CITIZENSHIP	CITY Ware	STATE OR FOREIGN COUNTRY GB GBN	COUNTRY OF CITIZENSHIP GB
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive	CITY Durham	STATE & ZIP CODE/COUNTRY North Carolina 27709, US